

APPLICATION FORM FOR A PERMIT TO IMPORT DISABILITY ASSISTANCE DOGS INTO AUSTRALIA

The most current information including [approved country lists](http://www.agis.gov.au) can be obtained via the Internet at www.agis.gov.au or by e-mail at animalimp@agis.gov.au or by ph +612 6272 4454 or by fax +612 6272 3110

- A sum of AUD \$260 must be sent with the application/s. If sending a cheque, your application should be posted, if paying by credit card you may post or fax your application. Cheques are payable to the "Collector of Public Monies-AQIS" - Amex, Visa, Mastercard and Bankcard are accepted.
- Documents supporting the person's disability, the handler's requirement of the disability assistance dog and the specialised training of the disability assistance dog must be supplied.

SECTIONS 1, 2, 3, 4 and 5 must be completed by all applicants. [Section 6 is not applicable to disability assistance dogs, and does not appear on this application.]

SECTION 7 must be completed if importing a dog from a category 4 country (where dog-mediated rabies is absent or well controlled) or South Africa. An OFFICIAL VETERINARIAN of the country of export must complete this section. Do not fill out section 7 if you are importing a dog from a category 1,2 or 3 country ie a rabies free country.

Please either type or write clearly in BLOCK letters.

1. Country of origin	
The country of origin of your dog:.....	
Approximate date of export:.....	
2. Importer details	
Details of handler and nominated address in Australia	
Note: This premise must be suitable for the keeping of a dog under the conditions of quarantine surveillance.	
Mr/Mrs/Ms:.....(surname).....(given name)	
Address:.....	
.....Post code.....	
.....AUSTRALIA. E-mail.....	
Telephone:(Home).....(Work).....Fax:.....	
3. Exporter details	
Details of handler and address in the country of export	
Mr/ Mrs/ Ms:.....(surname).....(given name)	
Address:.....	
.....Post code.....	
.....E-mail:.....	
Telephone:(Home).....(Work).....Fax:.....	
4. Description of animal	
Animal's name:.....	Age or date of birth(day/month/year):.....
Species: Dog <input type="checkbox"/>	Sex: Male (entire) <input type="checkbox"/> Male de-sexed <input type="checkbox"/>
	Female (entire) <input type="checkbox"/> Female de-sexed <input type="checkbox"/>
Breed (for mixed breed animals, indicate the breed/s which the animal most closely resembles):.....	

Pregnancy: Will the animal be pregnant on arrival in Australia?

No ☐ Yes ☐ Expected date of birth (day/month/year).....

5. Microchip details AQIS can not issue a permit to import if this section is not completed.

Microchip number:

.....

Microchip reader type:

Avid ☐ Destron ☐ Trovan ☐

Other ISO Compatible:.....

7. Rabies vaccination and Rabies Neutralising Antibody Titre Testing (RNATT).

This section must be completed when importing animals from a category 4 country or South Africa.

THIS SECTION MUST BE COMPLETED, SIGNED AND STAMPED BY AN OFFICIAL VETERINARIAN OF THE COUNTRY OF EXPORT. A PERMIT TO IMPORT WILL NOT BE ISSUED IF ANY PART OF THIS SECTION IS BLANK. [A copy of the RNATT must be attached]

I(Name of Official Veterinarian)

.....(Address of Official Veterinarian)

declare that I have sighted the rabies vaccination certificate and the RNATT report.

• The date of last rabies vaccination is recorded as:

• The animal's age at last rabies vaccination was:.....

• The laboratory reporting the RNATT is government-approved: Yes ☐

• Name and address of approved laboratory:.....

.....

• The microchip number that appears on the RNATT report is:.....

• Blood samples taken for RNATT were drawn on:.....(dd/mm/yy)

• The RNATT result is recorded as:.....International Units/ml in animal's serum
(the RNATT result must be at least 0.5IU/ml)

.....
Signature of Official Veterinarian

Stamp of Official Veterinarian

Faxed applications must bear the stamp of the Official Veterinarian rather than a raised seal.

DECLARATION

I declare that to the best of my knowledge and belief all the above information is true and correct

..... Date:.....
(Signature and printed name of applicant)

IMPORTATION OF DISABILITY ASSISTANCE DOGS INTO AUSTRALIA - DISABLED PERSON'S DECLARATION

This declaration should be submitted to AQIS with the application for import permit.

I, (full name in BLOCK LETTERS)
being the person who uses the disability assistance dog identified below, or that person's carer,
declare that:

- . the dog has been in my/ the disabled person's service for at least six months
- . I understand the conditions detailed below and I undertake to comply with these conditions, acknowledging that compliance is necessary for the post-arrival quarantine to be served as quarantine surveillance
- . the premises at the address shown below (the Nominated Address) is suitable for compliance with these conditions.

IDENTIFICATION OF THE DISABILITY ASSISTANCE DOG

Microchip identification number:

Name:

Breed:

Sex:

Date of Birth:

Nominated Address:

.....

.....

.....

Contact telephone number:.....

CONDITIONS OF QUARANTINE SURVEILLANCE

During the period covered by the Permit for release under quarantine surveillance:

1 No other cats or dogs will be present at the Nominated Address, except any other disability assistance dog/s owned by the resident/s at the Nominated Address. I understand that any such dog/s is/are subject to the same quarantine conditions as the imported dog.

2 The disability assistance dog will remain leashed and under my direct control at all times when it is not confined at the Nominated Address.

3 I will promptly inform AQIS of any illness of the dog. If I seek veterinary treatment for the dog, I will advise the attending veterinarian that the animal is under quarantine surveillance and that a veterinary report for AQIS is required.

4 Acknowledge that a Quarantine Officer may visit the Nominated Address at any time while the dog is under quarantine surveillance and, agree to co-operate in this matter with the Quarantine officer.

5 Acknowledge that the dog will remain under quarantine surveillance for 30 days or 60 days as specified in the release under quarantine surveillance, or such greater period as a Quarantine Officer may decide.

6 Acknowledge understand that a Quarantine Officer may exercise powers under the *Quarantine Act 1908* including requiring the dog to be inspected, treated, tested or removed to an animal quarantine station.

7 On proposed end date of quarantine surveillance

- a) Take your dog to a registered veterinarian for examination and
- b) After examination the registered veterinarian must complete the "Report to AQIS on the health of a disability assistance completing post arrival quarantine surveillance" and returned it to AQIS by fax for consideration for release from quarantine surveillance.

I agree to pay all quarantine fees associated with the quarantine surveillance period.

Signature of the Disabled Person/ Person's Carer

Date

Signature of AQIS Veterinary Officer
(to be signed by an AQIS officer on receipt of application)

Date

Name and address of officer

Official Stamp
(AFFA seal)



Please complete the following details if you are paying by credit card

Amount paid:

Card No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please debit my:

☐

Bankcard

Valid dates:

to

☐

MasterCard

☐

Visa

☐

American Express

Name (as appears on the card):

Street Address:

Postcode:

Telephone:

Signature:

Date: